

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

Claim Number:

Obligation Number:

**DRAFT**

Reconsideration Number:

### UST Reconsideration Request

Date Form Completed

/ /

#### 1. General Information

Agency Interest Number (AI)

Application Number

Application Type (mark one)

☐ FRA

☐ PSTA

☐ SOTRA

Reconsideration Type

☐ Application

☐ Claim (complete original claim request number and amount below)

Original Claim Request Number

Amount for Reconsideration

\$

#### 2. UST Facility Information

UST Facility Name

UST Facility Physical Address  
(PO Box not accepted)

Street Address:

City:

County:

Zip Code:

-

#### 3. Applicant Information

Applicant Name

Applicant Mailing Address

Street Address:

City:

State:

Zip Code:

-

Applicant Contact Information

Phone: ( ) -

Email:

Legally Authorized Representative /  
Agent

Phone: ( ) -

Email:

#### 4. Reconsideration Explanation and Documentation

☐ I have attached supporting documentation not previously submitted. An explanation for the reconsideration request is as described below.

AI \_\_\_\_\_

**5. Applicant Certification**☐ Check here if the person completing the form is the same as the eligible company representative named below.

<b>Name of Person Completing Form</b>				
<b>Email</b>		<b>Phone Number</b>	(   )   -	
I the undersigned, first being duly sworn, state, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete. In addition, I certify that, if not the approved applicant, I am authorized by the approved applicant as an agent to make this certification, or I am the person eligible under 401 KAR Chapter 42 and my eligibility is in good standing.				
<b>Applicant or Authorized Representative / Agent</b>	<i>Printed</i>		<b>Title</b>	
	<i>Signature</i>		<b>Date</b>	/   /
<b>Eligible Company or Partnerships Representative</b>	<i>Printed</i>		<b>Date</b>	
	<i>Signature</i>			/   /
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a> . For copies of facility records please visit <a href="http://eec.ky.gov/pages/openrecords.aspx">http://eec.ky.gov/pages/openrecords.aspx</a> or email <a href="mailto:DEP.KORA@ky.gov">DEP.KORA@ky.gov</a> .				